

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: cursive;">10/812835</div>		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total			1								
Indep			19								
Depend											
Total			20								
Claims											

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep			1			
Total Depend			19			
Total Claims			20			